

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000873

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 5311 Registrar's No. 10

FILED JAN 21 1963

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pilot Grove TWP</u>		c. CITY OR TOWN <u>Pilot Grove</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 mile SE</u>		d. STREET ADDRESS (If outside, give location) <u>1 mile SE</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>GEORGE McLANAHAN-Dietrich</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 2, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	
13a. FATHER'S NAME <u>John E. Dietrich</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Atten</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>WW I Navy</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Froze to Death</u>		17. INFORMANT <u>Harry Dietrich, Pilot Grove, Mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3</u> a.m. <u>1</u> p.m. <u>12</u>		20b. CITY, TOWN, OR LOCATION <u>Home</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21. I attended the deceased from <u>Death occurred at</u> <u>no attendance</u>		22. SIGNATURE (Degree or title) <u>Dr. Deane M. Carson</u>	
23a. BURNAL: CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan 17, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Ceme</u>		23d. LOCATION (City, town, or county) <u>Pilot Grove, mo</u>	
24. FUNERAL DIRECTOR <u>Harry Painter, Pilot Grove, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-16-63</u>	
26. REGISTRAR'S SIGNATURE <u>DE Hooper</u>		22c. DATE SIGNED <u>1/16/63</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 4 1963

STATEMENT BY LICENSED EMBALMER

hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Painter*

Licensed Embalmer No.

*4069*

P. O. Address

*Pilot Grove, Mo*

Note - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.